LEB 0 8 5009

PTO/SB/80 (04-05)
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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).										
I hereby appoint:										
Practitioners associated with the Custo		stomer Number		000530						
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):										
	Name Registration Number			Name				Registration Number		
as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).										
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to X The address associated with Customer Number: 000530) to:				
OR Firm or Individual Name										
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City		State			Zip					
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Sony Corp 7-35, Kitas	shinagawa 6-chome a-Ku, Tokyo									
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.										
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee										
Signature	Kaishi W.	ich		Date	Jon	16, 2	2006			
Name	Koichi Wada			Telephone 011 81 3 5435 3910						
Title	Title Manager, Intellectual Property Division									

EEB 0 9 5000 PTO/SB/96 (12-05)

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	STATEMENT	UNDER 31 CFR	<u>3.73(b)</u>						
Applicant/Patent Owner: S	ony Corporation								
Application No./Patent No./Control No.:	09/839,820	Filed/Issue Da	ate: April 20, 2001						
NETWORK MANAGEMENT METHOD, WIRELESS TRANSMISSION METHOD AND WIRELESS Entitled: TRANSMISSION APPARATUS									
Sony Corpora	ation	а	Corporation						
(Name of Assignee)		(Type of Assignee, e.g., ∞	Corporation poration, partnership, university, government agency, etc.)						
states that it is:	states that it is:								
1. x the assignee of the	entire right, title, an	d interest: or							
	-	•							
	than the entire right		043						
	(The extent (by percentage) of its ownership interest is %) in the patent application/patent identified above by virtue of either:								
The patent application/paten	t identified above by	viitue of either.							
			tent identified above. The assignment						
			e at Reel012231,						
	, or a true copy	y of the original assign	ment is attached.						
OR	no impromentantal af the	notant application/pat	tout identified above to the average						
B. A chain of title from the assignee as follows:	ie inventor(s), or the	e patent application/pat	tent identified above, to the current						
1. From:		To:	•						
The document v	vas recorded in the	United States Patent a	nd Trademark Office at						
Reel	, Frame	, or for wh	ich a copy thereof is attached.						
2. From:		To:							
			nd Trademark Office at						
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3. From:		To:							
			nd Trademark Office at						
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Additional docum	Additional documents in the chain of title are listed on a supplemental sheet.								
As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11. [NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]									
The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.									
2/8/pc									
	ignature								
	M. Smid, Esq.		(908) 654-5000 Telephone Number						
	or Typed Name		releptione number						
Authorized Representative	<u>re Of And Counsel F</u> Title	or Applicant							